Attorney Docket: DX0725K2B

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re application of:

**CENTRAL FAX CENTER** 

Joseph A. HEDRICK, et al.

Art Unit: 1646

Examiner: E. Kemmerer

AUG 1 8 2006

RECEIVED

Application No.: 09/770,528

Conf. No.: 7799

Filed: January 25, 2001

For: MAMMALIAN CYTOKINES;

**RELATED REAGENTS AND** 

**METHODS** 

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on August 18, 2006

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

REQUEST FOR AN EXTENSION OF TIME UNDER 37 C.F.R. 1.136(a)

Sir:

Applicant(s) respectfully request(s) the grant of a ONE (1) month extension of time to respond to the Office Action mailed April 20, 2006, in connection with the aboveidentified application, thus extending the time for response from July 20, 2006, to August 21, 2006, (August 20, 2006, is a Sunday.)

The fee for extension is calculated to be:

X \$120.00 (for a one-month extension under 37 CFR §1.17(a)(1))

The Commissioner is hereby authorized to charge the requisite fee to DNAX Deposit Account 04-1239. Please charge any additional fees or credit overpayment to DNAX Deposit Account No. 04-1239.

Respectfully submitted,

Sheela Mohan-Peterson, Reg. No. 41,201

Attorney for Applicants

DNAX Research, Inc. 901 California Avenue Palo Alto, CA 94304-1104

Telephone (Switchboard): (650) 496-6400 Telephone No. (Direct): (650) 496-1244

Facsimile No.: (650) 496-1200

08/21/2006 MBINAS

00000054 041239 09770528

01 FC:1251

120.00 DA

							PTO/SB/	17 (Modified)	
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).				Complete if Known					
				Application Number 09/770,528					
FEE TRANSMITTAL			F	Filing Date				CEIVED	
				First Named Inver		eph A. Hedrick	CENTRAL FAX CENTE		
For FY 2006				xaminer Name		emmerer	ALIC		
				Art Unit 1646			<del> AU</del>	<del>-1-8-2006</del>	
☐ Applicant claims small entity status. See 37 CFR 1.27			<u>_</u> _						
TOTAL AMOUNT OF PAYMENT (\$) 120.00			Attorney Docket N	6. DX0	725K2B				
METHOD OF PAY	MENT (check all t	that apply)							
	Credit Card		one		-				
X Deposit Acc	ount: Deposit A	ccount Number:(	04-123			Name: <u>DNAX R</u>		nc	
For the ab	ove-identified de	eposit account, the I	Directo	r is hereby auth	orized to: (	check all that app	oly)		
X Chan	ge fee(s) indicate	ed below				ited below, excep	ot for the fil	ing tee	
_X_ Chan	ge any additiona	I fee(s) or underpay 7 CFR 1.16 and 1.1	ments 7	X Credit an	y overpayn	nents			
WARNING: Information	on this form may be	ome public. Credit card in	Normatio	n should not be inclu	ided on this fo	rm. Provide credit car	d information a	nd	
authorization on PTO-20	36								
FEE CALCULATION		EVANNATION FE	<b>F</b> 0				<del></del>		
1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES SEARCH FEES EXAMINATION FEES									
Small Entity				Small Entity Small Entity			4.600		
Application Type	<u>Fee(\$)</u>	Fee(\$)	Fee(\$)	Fee(\$)	Fee(\$)		<u>Fees Pai</u>	<u>a (\$)</u>	
Utility	300		500 400	250	200 130	100 65			
Design	200		100 300	50 150	160	80			
Plant	200		300 500	250	600	300			
Reissue	300	100	0	0	0	0			
Provisional	200	100	J	· ·		•		imall Entity	
2. EXCESS CLAIM	I FEES						Fee (\$)	Fee (\$)	
Fee Description					50	25			
Each claim over 20 (including Relssues)							200	100	
Each independent claim over 3 (including Reissues) Multiple dependent claims							360	180	
Total Claims Extra Claims Fee (\$)				e Paid (\$)		httple Dependent Claims			
1120 or					<u>Fee (\$)</u>	e (\$) Fee Paid (\$)			
HP = highest numb indep. Claims	oer of total claims p Ext <b>ra Cl</b>	paid for, it greater than alms <u>Fee (\$)</u>	120 <u>Fe</u>	e Paid (\$)					
1 - 3 or	HP = 0	x	_=_						
HP = highest numb	per of independent	daims paid for, if gre	ater thar	13					
3. APPLICATION	SIZE FEE		,				intinan undan	27 CED	
14 the encollection	and drawings ever	eed 100 sheets of pap ue is \$250 (\$125 for s	er (exclu	uding electronical	ly filed sequi	ence or computer ii ets or fraction there	sungs under o of. See 35 L	J.S.C.	
1.52(e)), the app 41(a)(1VG) and	37 CFR 1.16(s).	UE 15 \$200 (\$125 IOI 5	IIIONI OITU	ity) ioi each acci.					
Total Sheets	Extra Shee	ts Number of e	each ade	ditional 50 or fra	ction there	of <u>Fee (\$)</u>	<u>Fee Paid</u>	1 (8)	
- 100 = / 50 = (round up to a whole number) x =								id (\$)	
4. OTHER FEE(S)	ification \$130 (	foo (no emall entity dis	(truco						
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): One-month Extension of Time Request (37 CFR 1.17(a)(1).								120	
SUBMITTED BY									
Signature Sheel Joh Lek				Reg. No.	41,201	Telephone	Telephone 1-650-496-6400		
Name (Print/Type)	me (PrinkType) Sheela Mohan-Peterson						Date 08-18-00		